

SUBMITTAL PAGE

(X) Plan Update for July 1, 2019 - June 30, 2020

() Amendment (Date): _____

This Area Plan for Programs on Aging and Disability is hereby submitted for the Northwest Tennessee Area Agency on Aging and Disability planning and service area. The Northwest Tennessee Area Agency on Aging and Disability assumes full responsibility for implementation of this plan in accordance with all requirements of the Older Americans Act and Regulations; laws and rules of the State of Tennessee; and policies and procedures of the Tennessee Commission on Aging and Disability.

This plan includes all information, program planning, and assurances required under the Tennessee Area Plan on Aging format, and it is, to my best knowledge, complete and correct.

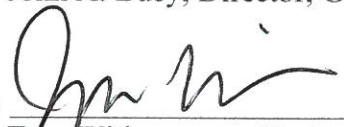
Signature:  Date: 3-22-19
Susan Hill, Area Agency Director

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Comments of the Advisory Council are included in Exhibit D-2 of the Plan.

Signature:  Date: 3-12-19
Jerry Edmundson, Chairperson, Area Agency Advisory Council

The Board of Directors of the sponsoring agency has reviewed this plan and Submittal Page. It is understood that we are approving all sections of the plan, Exhibits A-G. We are satisfied that the plan is complete, correct, and appropriately developed for our planning and service area.

Signature:  Date: 22 MAR 19
John A. Bucy, Director, Grantee Agency

Signature:  Date: 3-22-19
Tom Witherspoon, Chair, Grantee Agency Board

AREA PLAN on AGING and DISABILITY

*For Progress toward a Comprehensive, Coordinated Service System
for Older Persons and Adults with Disabilities*

Northwest Tennessee

Designated Area Agency on Aging and Disability

for the

Northwest District (07) – TN

Planning and Service Area

**in TENNESSEE for
July 1, 2019 – June 30, 2020**

Plan for Program Development and Coordination

The AAAD is proposing to use \$32,150 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2020. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 6.95% of the AAADs new Title III-B direct service allotment.

If **yes**, include a goal, objectives, and strategies that describe the program development/coordination activities that will be performed by the AAAD staff member(s) paid from these funds and how these activities will have a direct and positive impact on the enhancement of services for older persons in the PSA. Costs should be in proportion with the benefits described.

The NWTNAAAD will continue to coordinate with home health agencies, hospitals, health departments and other agencies to carry out functions to identify needs and develop service delivery programs in the Northwest district. These services may include, but may not be limited to, supportive services, congregate and home-delivered nutritional meals, transportation, family caregiver support, senior centers, elder rights, health promotion, disease prevention and health insurance assistance.

The NWTNAAAD will attend health fairs and community action boards throughout the district distributing brochures and speaking with individuals about the services offered through the NWTNAAAD. These activities will have a direct impact on older persons in the PSA with having the information needed to make contact with the NWTNAAAD.

The NWTNAAAD will work with local, regional, state and federal organizations to identify needs and develop programs and pursue additional funding streams.

FY 2019 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas:

The Northwest Tennessee Area Agency on Aging and Disability (NWTNAAAD) continues to create a Plan of Care that incorporates funding from Title III, Title IIIIE, and state funded OPTIONS to provide needed services based on the number of ADL's, IADL's, and family support to ensure cost effectiveness to reduce the waiting list. The NWTNAAAD ensures that the consumer and family members (if available) are involved in the development of the Plan of Care so the plan is person centered and self-determined.

The NWTNAAAD has continued to utilize unallocated units of services by closely monitoring Plan of Care units, holds, and missed visit reports. Because of quality assurance in place during invoicing the Options Counselors are able to add more individuals for emergency services or provide additional services such as Personal Care to the Plan of Care. Issues with providers and quicker responses to discrepancies have been achieved. Below is the statistics of how many we are serving under specific funding.

Older Americans Act Funding

- ❖ Title IIIB Supportive Services: At mid-year, December 2018, there have been 4,997 units of homemaker services provided to 176 consumers. NWTNAAAD mailed Quality Satisfaction Surveys to 122 consumers with 40% being returned. These surveys are used to determine if changes need to be made in the program. If there were problems with the provider, the consumer is given the opportunity to change providers. Quality Assurance phone calls have also been made to consumers. Options Counselors continue to call consumers a week after their services were to start. If services had not started, the Providers contacted and if necessary a new Provider is given to the consumer.
- ❖ Title IIIC Nutrition Services: At mid-year, December 2018, there have been 33,805 congregate meals served to 452 participants and 28,596 home delivered meals served to 293 consumers. NWTNAAAD mailed Quality Satisfaction Surveys to 248 consumers with 33% returned. There were 470 congregate participants receiving surveys with 29% being returned. These surveys are used to determine if changes need to be made in the program.
- ❖ Title IIID Disease Prevention & Health Promotion: At mid-year, December 2018, there have been 6,536 units provided to 716 participants. Some of the activities included: Living Well

with Chronic Conditions, Tai Chi for Arthritis, Stay Strong Stay Healthy, Matter of Balance, and Dining with Diabetes.

- ❖ Title IIIIE National Family Caregiver Support Program: At mid-year, there have been 4,459 hours of in-home Respite provided to 53 consumers. There has been 1,381 home delivered meals served to 13 of these consumers. Quality Satisfaction Surveys were mailed to 43 consumers receiving in-home respite with 37% returned. Quality Assurance calls were also made quarterly to consumers to ensure services were being provided according to the Action Plan. If there were problems with the provider, the consumer is given the opportunity to change providers. Options Counselors continue to call new consumers within a week from the start date of services. If services have not been started, the Provider is called and if necessary a new Provider is given to the consumer.
- ❖ Title VII Elder Rights: The NWTNAAAD conducts on-going Elder Abuse awareness in staff meetings, Advisory Council meetings, health fairs and other events. Four AAAD staff attended the Elder Abuse training conference in Gatlinburg in September 2018. Our senior centers hold an Elder Abuse event in June as part of the National Elder Abuse Awareness Day. The AAAD has worked toward building awareness of Adult Protective Services and how individuals should contact APS for needed services. We work closely with West TN Legal Services to assist low income individuals with legal information and advice.

State Funds

- ❖ OPTIONS Home and Community Based Services: At mid-year, December 2018, there have been 177 consumers served 17,637 units of service. The NWTNAAAD mailed Quality Satisfaction Surveys were mailed to 136 consumers receiving homemaker and/or personal care with 38% being returned. Quality Assurance calls were made to consumers to ensure services were being provided according to the Action Plan. If there were problems with providers, the consumers were given the opportunity to change providers. The Options Counselors continue to call new consumers a week after services were to start. If services had not started, the Provider is contacted and if necessary a new Provider is given to the consumer.
- ❖ Guardianship: At mid-year, December 2018, the Public Guardianship Program has served 34 clients, 24 are person and property, five are person only and five durable power of attorney. In July 2018, a part-time support clerk was hired.

Other

- ❖ SHIP: At mid-year, December 2018, the SHIP program has utilized one student volunteer from the University of Tennessee at Martin social work department. During open enrollment, the SHIP program utilized 11 volunteers who provided 187 counseling hours,

conducted 19 events at 11 locations. SHIP is currently partnered with three Departments of Health and Human Services, three Social Security offices, T.A.R.P. Center for Independent Living, nine Community Action Boards, Walgreens and CVS pharmacies, Northwest Economic Development Council, Miles for Meals, Wesley Housing, St. Johns Community Services, WE CARE Ministries, Eastwood Clinic, Kroger in Dyersburg, McKenzie Medical Center, Careall Home Care, Volunteer Home Care and Diversicare in Martin.

In April we will be having a Volunteer Appreciation along with a two day training.

FY 2019 Highlight of Accomplishments from Other Funding Sources

(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made in regards to goals included in the 2019 - 2022 Area Plan.

MYRIDE

1. The MYRIDE program kicked off in Gibson County on January 30, 2019.
2. The MYRIDE program has held 2 trainings since the kickoff in January with 10 volunteers completing the training. .
3. At this time there are 12 riders that have signed up through the MYRIDE program.
4. A total of 23 rides have been given by volunteer drivers for the MYRIDE program.
5. The MYRIDE computer program was purchased on November 1, 2018.
6. The CIMA (insurance) was purchased by the MYRIDE program on December 1, 2018.
7. The MYRIDE program has teamed up with the Senior Community Service Employment Program to have an aide in Gibson County to assist with promoting the MYRIDE program.

SNAP

1. The SNAP coordinator has given 55 presentations to different outlets in our 9 counties, including senior centers, housing authorities, and community support gatherings.
2. The SNAP coordinator has reached 3,922 individuals through presentations, health fairs, Facebook and mailings.
3. A total of 730 households have been prescreened for SNAP benefits.
4. There have been 1,478 USDA brochures and 454 in-house brochures distributed throughout our counties.
5. Currently access to the ACCENT State program is being obtained to help the SNAP personnel check on the progress of SNAP applications and amounts of benefits SNAP clients have received through the SNAP program.

CREVAA

1. The CREVAA program launched in May of 2018 and has served a total of 114 clients.
2. Of the 114 clients, 34 of those have been vulnerable and 80 of them have been 60 years of age or older.
3. The CREVAA program has provided short term case management, food, clothing, emergency housing, home repairs, medication replacement, information and referral, counseling, Legal Aid and assistance with orders of protection.
4. A total of 300 contacts were made by the advocate on behalf of clients in our district.
5. CREVAA has provided clients with 242 referrals for services or information.
6. The CREVAA program has assisted 8 clients who were homeless or needed emergency housing.

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Ensure that programs and services funded with federal Older Americans Act (OAA) are cost effective and meet best practices.

Objective 1: Provide **Information and Assistance** services that are easily accessible through telephone, email, fax, online and text messages.

Strategies:

1. Research technology to allow for secure text messaging.
2. Create and maintain Resource Database.
3. Ensure that all I & A staff are AIRS CIRS-A/D certified.

Performance Measures:

- a. Research best practices on maintaining a current resource database.
- b. All eligible I & A staff will have current AIRS CIRS-A/D certification.

Objective 2: Identify and implement strategies to improve cost efficiency for **Title IIIC home delivered and congregate meals.**

Strategies:

1. Expand volunteer recruitment efforts to improve program capacity.
2. Explore cross-program volunteer recruitment.
3. Expand fundraising efforts for both congregate and home delivered meals by working with nutrition provider to implement innovative marketing and outreach efforts.
4. Facilitate meetings with nutrition provider and sub-contractor to develop strategies to improve customer satisfaction and cost effectiveness.
5. Explore serving home delivered meals 7 days a week.

Performance Measures:

- a. By March, three meetings will be held with provider and subcontractor to develop quality improvement.
- b. By June, measure baseline outreach and marketing efforts.
- c. By June, remove 30 individuals from the home delivered meals waitlist.
- d. By June 2020, open 2 new congregate meal sites.

Objective 3: Ensure access and efficiency to case management and **Home and Community Based Services (HCBS).**

Strategies:

1. Expand the relationships of Options Counselors with community partners in an effort to promote referrals to the most appropriate and cost-effective resources and services to meet the need of the consumer.
2. Continue to implement techniques to review and improve processes of case management.

3. Continue to implement improvement to the development of the Action Plans by the involvement of the consumer and family members.
4. Ensure the provider is following the Action Plan established by the Options Counselor and consumer.
5. Review waitlists annually with individual or family to update ADL/IADLs to determine those who are priority for services and remove those who no longer need or want services.

Performance Measures:

- a. By August 2019, each Options Counselors will receive a budget for the counties they serve in order to maintain cost effectiveness of Action Plans.
- b. Conduct quality assurance of new consumers within 5 business days after their start date to ensure services were started according to the Action Plans.
- c. Fiscal staff will conduct monthly monitoring of billings with Action Plans to ensure Action Plans are being followed.
- d. Waitlists will be updated annually.

Objective 4: Increase access to services and support to **Family Caregivers** in an effort to assist caregivers to continue providing care for their care recipient.

Strategies:

1. Explore innovative ideas to support family caregivers specifically around respite services in an effort to serve more caregivers.
2. Conduct Quality Assurance of providers for missed visits to ensure caregivers are receiving services according to the Action Plan.
3. Outreach will be increased in the communities in order to serve more caregivers.
4. Seek partnerships in order to provide services to grandparents/relative caregivers.

Performance Measures:

- a. Outreach will be increased 5% by June 2020.
- b. By January 2020, at least one partnership will be formed to provide services to grandparents/relative caregivers.
- c. By April 2020, research and implement innovative ideas to support caregivers.

Objective 5: Increase the availability and sustainability of **evidence-based programs** that improve quality of life, health, level of independence and overall well-being.

Strategies:

1. Develop partnerships that promote access and development of evidence-based health promotion programs.
2. Disseminate information about variety of choices in evidence-based programming.
3. Implement the Stay Active & Independent for Life (SAIL) in areas with limited evidence-based infrastructure.

Performance Measures:

- a. Annually, increase by one percent the number of consumers who participate in evidence-based programs as measured by the SAMS database.
- b. By June 2020, offer SAIL in two Senior Centers in the district.

Objective 6: Build partnerships and expand volunteer recruitment to allow senior centers to increase programming and activities that improve and maintain the quality of life through social, physical and financial health.

Strategies:

1. Encourage senior centers to develop nontraditional methods and settings to increase participation of baby boomers to increase more participation.
2. Increase outreach to isolated seniors through various sources such as faith-based organizations, family, peers, and senior housing complexes.
3. Encourage intergenerational programs.
4. Increase activities for individuals with physical or cognitive limitations.
5. Increase partnerships and volunteer support in order to increase the number of older adults receiving telephone reassurance.

Performance Measures:

- a. By 2020, 20% of senior centers will build partnerships with schools, Head Start Programs, or youth groups.
- b. By the end of 2020, 75% of senior centers will have a Facebook page or other social media presence.

Objective 7: Leverage Older Americans Act transportation funding to expand community transportation resources such as those provided by the Human Resource Agency and senior centers.

Strategies:

1. Collaborate with partner agencies to bolster existing transportation infrastructure using Older American Act funding.
2. Identify gaps in current transportation services and develop a plan to address the needs of adults 60 and over.

Performance Measure:

- a. By end of FY 202, ensure better coordination of transportation programs and services for the aging and disability populations.

Objective 8: Maintain a high quality, high impact system of legal services delivery with the goal to bridge the gap between the needs of seniors and the system's ability to meet those needs, as well as to protect and enhance the essential rights and benefits of older individuals.

Strategies:

1. Increase efforts to target services to elders with the most economic and/or social needs.
2. Ensure cases involving priority legal issues are handled before non-priority legal issues.

3. Increase legal assistance outreach materials at public events.
4. Partner with the Tennessee Vulnerable Adult Coalition to implement initiatives that utilize identified best practices of disseminating elder abuse prevention information.
5. Conduct public outreach, education and awareness to reduce and prevent elder abuse, neglect and exploitation.
6. Senior Medicare Patrol (SMP) will continue its efforts to empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect, and report health care fraud, errors and abuse through outreach, counseling, and education.
7. Increase awareness, leverage existing resources, and increase outreach and education to reduce abuse, neglect and exploitation of the elderly and disabled.

Performance Measure:

- a. By the end of FY 2020, increase public outreach by 3%.

Objective 9: Use SAMS database for information gathering, data analysis and reporting to evaluate activities carried out under the Older Americans Act.

Strategies:

1. Ensure provider agencies are in compliance with federal and state regulations and contractual agreements.
2. Ensure that services are provided at an acceptable level of quality and providers continue to improve their services.
3. Ensure that consumers receive appropriate, effective and efficient service which allows the individuals to retain or achieve his/her optimal level of independence.
4. Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare and satisfaction of participants.
5. Ensure establishment of all on-going evaluation process in which all entities, including AAAD, provider agencies and consumers play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity, client rights and responsibilities and consumer satisfaction.
6. Ensure financial accountability for funds expended through the Older Americans Act, other federal and state resources. Protecting public funds from waste, fraud and abuse.

Performance Measure:

- a. Ensure the Older Americans Act funding is serving the appropriate number of consumers as established by SAMS database reports.

Goal 2: Develop partnerships with aging network, community based organizations, local governments, healthcare providers and state departments in order to advocate to reduce the gaps in services as identified in the needs assessment.

Objective 1: Through funding provided by a statewide Volunteer Transportation grant, increase the number and quality of senior transportation trips and numbers of seniors utilizing the program.

Strategies:

1. Develop documentation on existing senior transportation programs within the state.
2. Create a community-based volunteer transportation program.
3. Develop a guide that can be given to community partners about the steps, financial costs and resources needed to implement a volunteer transportation program for seniors.

Performance Measure:

- a. By the end of FY 2020, add two (2) additional transportation initiatives in the Northwest district.

Objective 2: Through funding provided by statewide housing grants increase access to affordable and accessible housing with appropriate services.

Strategies:

1. Partner with other organizations to bring home modifications and repairs to older individual's homes.
2. Promote and support the development of alternative housing and service models.
3. Encourage public and private development of suitable housing for older adults and persons with disabilities that are designed and located consistent with their special needs and at costs that are affordable.
4. Explore partnerships to ensure access to emergency housing when needed.

Performance Measures:

- a. By December 2019 create partnerships with Habitat for Humanity of Greater Memphis and Westminster Home Connection.
- b. Continue partnerships with the Northwest TN Development District Emergency Housing Program.

Objective 3: Through funding provided by a statewide Legal Assistance grant, develop and implement effective approaches for cost effective, well integrated legal services into the existing program to enhance overall service delivery to older adults.

Strategies:

1. Conduct a legal needs assessment of older adults in the Northwest district.
2. Distribute tools and materials to assist in the effective and efficient delivery of legal assistance to older adults.

Performance Measure:

- a. Conduct and analyze a legal needs assessment of older adults in the Northwest district.

Objective 4: Through funding provided by a statewide Dental grant participate and advocate for older adults to achieve good dental health.

Strategies:

1. Partner with Interfaith Dental and other organizations to discuss access, affordability, and other issues and potential solutions concerning dental care.

2. Develop an information network to improve dissemination and advocacy on behalf of the overall issue to providers, older adults and other organizations.

Performance Measure:

- a. Conduct and analyze a dental needs assessment of older adults in the Northwest district.

Objective 5: Through funding for a Supplemental Nutrition Assistance Program (SNAP) outreach grant partner with other agencies/organizations to create sustainable solutions to food insecurity.

Strategies:

1. Partner with the HRA Nutrition Program, Senior Centers, NW Economic Development Council Community Programs, State Health Insurance Program and other organizations to outreach to older adults who are food insecure.
2. Ensure that potentially eligible older adults are able to make an informed decision about using benefits programs and are easily able to access them.
3. Partner with local and state organizations to generate additional funding and resources to support older adults in meeting their nutritional and social needs.

Performance Measure:

- a. By December 2020, analyze data from the SAMS database to gauge effectiveness of Senior SNAP Outreach.

Objective 6: Increase public awareness and strategies to alleviate economic insecurity among older adults.

Strategies:

1. Form partnerships to address issues surrounding economic insecurity.
2. Conduct outreach and training to adults 50 and over on financial planning for the future.

Performance Measures:

- a. By December 2020, all I & A staff will have training in financial assistance programs.
- b. By December 2020, all I & A staff will be knowledgeable on ways to offer resources to adults 50 and over to help overcome their financial insecurity.
- c. By June 2020, analyze poverty rates among older adults in the Northwest district to help determine where the greatest hardship in financial insecurity is located.

Objective 7: Lead efforts for age friendly livable communities by engaging local leaders in conducting an assessment in their communities.

Strategies:

1. Distribute information to local leaders on best practices concerning livability.
2. Work with partner agencies to advocate for accessible buildings and services.

Performance Measure:

- a. By June 2020, partner with at least one (1) community with a livability self-assessment.

Objective 8: Continue to educate the aging network and public about brain health, risk factors, early signs, symptom management and resources for caregivers in order to develop dementia capable systems of care and communities.

Strategies:

1. Train AAAD staff in Dementia Friendly Service (Person and Family Centered, selfdirection, culturally appropriate).
2. Broker the training of in-home care workers to identify and understand symptoms and manage puzzling or difficult behaviors.
3. Promote early detection and early diagnosis by promoting annual wellness exam benefit and screenings.
4. Promote brain health through community education and outreach.

Performance Measures:

- a. By 2020 design Dementia Friendly Services training.
- b. By 2021 deliver training to a minimum of 9 trainers representing the Area Agencies on Aging.
- c. By 2021 trainers will deliver at least 1 Dementia Friendly Training event to service partners in their region.
- d. By 2021 outreach to home care service provider agencies to make them aware of the value of training and certification in dementia care.
- e. By 2021 identify training(s) that certifies those who have passed dementia capable requirements for certification.

Objective 9: Advocate for Tennessee's older Veterans.

Strategies:

1. Participate in advocacy for veterans by working with the TN Department of Veterans Services.
2. Ensure that referrals are made to the TN Department of Veterans Services offices to ensure that veterans are receiving all benefits for which they are eligible.

Performance Measure:

- a. Contract with Penny Rile Area Agency on Aging in Kentucky to provide Veterans Directed Home and Community Based Services.

Objective 10: Increase public awareness and strategies to improve falls prevention among older adults.

Strategies:

1. Build capacity with senior centers through Falls Prevention Coalition quarterly phone calls.
2. Raise awareness and disseminate information about home safety practices to reduce falls.
3. Expand the falls prevention evidence-based infrastructure.

Performance Measure:

- a. Increase number of individuals participating in Falls Prevention Coalition phone calls.

Objective 11: Using evidence informed resources develop an education and prevention program to raise awareness to prevent older adult suicide.

Strategies:

1. Educate agencies and communities that suicide is a preventable health problem.
2. Promote the message that help is available and asking for help is OK.
3. Train aging network staff and Advisory Council members in the QPR (question-persuade-refer) curriculum.

Performance Measure:

- a. By June 2020, all AAAD staff and Advisory Council members will be trained in the QPR curriculum.

Objective 12: Collaborate with other agencies to develop Elder Abuse Prevention practices.

Strategies:

1. Partner with the TN Attorney General staff to educate older adults on Elder Abuse and scams.
2. Educate partners and the community with brochures on Elder Abuse and scams.

Performance Measure:

- a. Provide outreach materials on Elder Abuse and scams at health fairs, senior centers and to community leaders.

Objective 13: Develop partnerships to provide awareness and training to ensure that services are provided to older adults and adults with disabilities in underserved communities.

Strategies:

1. Meet with diverse groups to listen and provide information about services that are available through the AAAD where they are confident that the person will be treated with kindness and respect.
2. Ensure efforts are made to have identified minority population health disparities are included in health promotion activities and partnerships.
3. Encourage public awareness of health issues affecting special populations including low-income, underserved and minorities.
4. Provide training to I & A staff, Options Counselors, senior center directors and service providers on inclusive services for Veterans.
5. Translate existing outreach tools to Spanish to ensure circulation in non-English speaking communities.

Performance Measures:

- a. By June 2020, develop training for I & A staff and Options Counselors on Veterans issues.

- b. Outreach through health fairs and fourteen senior centers to promote public awareness of health issues affecting underserved older adults.

Goal 3: Ensure that programs and services funded by State allocations are cost effective and meet best practices.

Objective 1: Ensure access and efficiency in the home and community-based **OPTIONS** program.

Strategies:

1. Continue to review and improve services related to case management with particular attention to Action Plans and the involvement of the individual and their families in the development and implementation of their Action Plan to ensure the plan is person centered and self-determined.
2. Continue to utilize unallocated units of services by closely monitoring Action Plans units, holds and missed visits reports.
3. Provide a budget to each Options Counselor for the counties they serve. With allocated funds per program budget supplied, the Options Counselor has the ability to manage their consumer enrollment.

Performance Measures:

- a. By July 2020, each Option Counselor will receive a budget for the counties they serve.
- b. Conduct on-going case management training on person centered and self-determined Action Plans.
- c. Analyze missed visit reports and holds monthly.

Objective 2: Continue the **Public Guardianship** for the Elderly Program to assist those appointed by the court who are 60 or older and are unable to manage their healthcare and/or financial decisions.

Strategies:

1. Increase public awareness of the Public Guardianship program.
2. Increase volunteer recruitment.

Performance Measures:

- a. Provide brochures at health fairs and other outreach events.
- b. By June 2020, have at least two (2) volunteers.

Objective 3: Utilize SAMS for information gathering, data analysis and reporting to evaluate activities provided with state funding.

Strategies:

1. Ensure that services are provided at an acceptable level of quality and provider continues to maintain or improve their services.
2. Ensure Quality Assurance methods are established to protect and ensure the health, safety, welfare and satisfaction of consumers.

3. Provide Quality Assurance satisfaction surveys to consumers at least annually and analyze the results.
4. Continue telephone quality assurance with consumers having issues with service delivery by monitoring provider invoices.

Performance Measure:

- a. Monitor SAMS reports to ensure that the AAAD is service the appropriate number of consumers and services are being provided according to the Action Plan and the consumers are satisfied with their services.

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

Objective 1: Provide through the SHIP program one on one counseling and assistant on Medicare, Medicaid, and all other health insurance for individuals with Medicare, their families, caregivers and/or advocates to include providing public and media outreach.

Strategies:

1. Conduct Medicare training for I & A staff, Options Counselors and volunteers.
2. Maintain a cadre of trained SHIP counselors and volunteers in each county.
3. Provide information about Medicare and related insurance benefits that help maintain healthy aging.
4. Provide community outreach to individuals eligible for Medicare with emphasis on targeting hard to reach populations such as low income, rural and non-English speaking populations.
5. Assist beneficiaries with finding affordable prescription drug plans; screen and provide application assistance for low income subsidy or Medicare Savings Program.
6. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.

Performance Measures:

- a. Provide bi-annual SHIP training to AAAD staff and volunteers.
- b. SHIP Counselor will receive training at the annual SHIP Regional conference and state training.
- c. Conduct outreach events in each county to individuals eligible for Medicare.

Objective 2: Direct attention to local and state decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources.

Strategies:

1. Direct attention to issues affecting older adults through outreach using “The State of Aging in Tennessee” county by county snapshot found on the TCAD website.

2. Continue to update and make improvements to the NW Development District AAAD website.
3. Continue the use of the Development District Facebook posts to provide information on services and activities being provided.

Performance Measure:

- a. Ensure monthly updates to Development District Facebook page.

Objective 3: Continue to provide information to ensure individuals are informed about living healthy and independent for as long as possible and making informed healthcare decisions.

Strategies:

1. Provide SNAP information and assistance to low income individuals in order for them to eat healthy.
2. Provide information and/or conduct presentations to assist individuals in making their own decisions and developing their own advance directives.

Performance Measures:

- a. Partner with West TN Legal Services to provide information and training regarding the need for advance directives.
- b. Partner with community organizations to educate individuals on the SNAP program.

Objective 4: Direct the attention of local and state key decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources.

Strategies:

1. Distribute information affecting older adults through outreach events.
2. Continue to update and make improvements to the AAAD website and Facebook page.
3. Increase support to seniors and caregivers by creating and distributing information on crucial topics.

Performance Measure:

- a. By 2020, distribute copies of “The State of Aging in Tennessee” county by county snapshot found on the TCAD website.

Program Planning for FY 2020

Information & Assistance

1. Describe your plan for outreach to low income, minority, rural and limited English proficiency individuals to insure these populations are aware of information and assistance services.

From July 1, 2018 to March 8, 2019 I&A has answered a total of 2,175 calls, faxes, and/or walk-ins. The I&A quality satisfaction surveys were mailed to 527 of these callers with 25% returned. The biggest concern was the amount of time on a waitlist. All others were mostly satisfied with their service through I&A as we do our best to identify other resources. Our outreach monthly involves utilizing push cards at health fairs, SHIP consultations, and promoting I&A through our Facebook page and senior centers. For individuals with limited English proficiency, the AAAD will work with a translator service. We also utilize our Miles for Meals program that offers financial assistance for low income individuals to help with emergency needs, meals, fans, home modifications, and other items necessary for independent living. Our agency raises money for this through a 5K/10K annually. We also work hard at establishing relationships with coordinators in low income housing and the healthcare field to reach more individuals needing our services.

Home and Community-Based Services (Title IIIB and OPTIONS)

1. Complete the following table:

	FY 2018	FY 2019 – Projected (Served/Units)	FY 2020 – Projected (Served/Units)
State – Options Allocation Amount	\$505,800	\$505,800	\$505,800
# Served	212	218	224
Units of Service	33,292	34,290	35,316

2. Complete the following table:

	FY 2018	FY 2019 – Projected (Served/Units)	FY 2020 – Projected (Served/Units)
Federal – Title IIIB (In-home Services) Allocation Amount	\$83,384	\$70,500	\$85,400

# Served	176	181	186
Units of Service	4,997	5,146	5,300

3. Describe the methodology for the projections listed above.

Due to stagnant or decreasing funding, the projections are made at a 3% increase each year. The NWTNAAAD plans on continuing aggressive quality assurance by closely monitoring action plan units, holds and missed visit reports.

4. Complete the following table:

Number of Individuals on OPTIONS Waiting List	229
Number of Individual on Title IIIB Waiting List	264

5. Describe your plan for addressing the individuals on the waiting list.

The NWTNAAAD addresses, organizes, maintains, and accesses individuals from waitlists organized by SAMS waiting action plan. This system has proven an accurate count of individuals waiting for services while preventing duplications and navigation ease of updating our waitlist. Our waitlist consists of those individuals who have been assessed by I&A staff and appear eligible for specific services and programs according to TCAD requirements.

Because our waitlists are completed organized by SAMS, this allow us to filter individuals by county, service, I&A Prioritization score, and age to find those who are in greatest need. The action plan monitoring report in SAMS allows us to manage our waitlists and those who are eligible for Nutrition, Homemaker, OPTIONS, and Family Caregiver. It is then up to the Options Counselors to determine services as funding allows. Those with the highest I&A score or who are 90 years of age or older receive preference.

To prevent losing individuals in the CHOICES process, we have also designed a “CHOICES Outcome and Referral form” which provides information about individuals who do not qualify for CHOICES. This information is documented in the action plans along with the outcome. Status is changed to appropriate action and a new action plan is made for the waitlist. All information obtained provides important statistics for each county and provides clear understanding of the consumer’s history in obtaining services.

Individuals are typically removed from the waitlist by the Options Counselors once enrolled in HCBS services. They are also removed when they are no longer eligible for services or services are no longer required. These changes are made based on the re-screening

completed by phone. Options Counselors update these waitlists annually. Action plans provide this information and allow us to better track and update our waitlist via data filters within the report. This ensures that we are serving the most consumers in need.

In essence, I&A enters consumer data, completes intake screenings, gives priority score in a custom field, produces action plans for services needed in a waiting status. The Options Counselors generate an action plan monitoring report with selected filters for consumers who are in the greatest need and completes face to face assessments to determine services and funds available. Data entry removes waiting action plans by changing the status of the action plan to “complete” and adds the appropriate action plan indicating the program for services obtained status “active”.

6. What are your projections for the number of individuals on the waiting list for FY 2020?

We project the waitlist to increase significantly as baby boomers continue to age. The eligibility requirement has also changed making it easier for them to be eligible than previously stated requirements. The scoring system has also changed which has more individuals scoring lower than before. These individuals will most likely be waiting long, thus meaning will not receive services until their score increases due to funding. We are working hard to maintain our waitlist by ensuring they met ADL/IADL requirements by Options Counselors updating the waitlist at least annually and looking for other outside resources to refer out to rather than putting them on waitlists. We continue to strive to serve those who are in the most of need and do not have other resources or support systems.

Title IIIC Nutrition Services

1. Complete the following table:

Provider	IIIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY 2020	#Projected Home Delivered Meals Served in FY 2020
NWTHRA	\$488,100	\$75,400	\$597,100	17	50,000	55,000

2. Complete the following table:

Service	Amount IIIC Allocated
Nutrition Counseling	\$
Nutrition Education	\$ 1,600
Other Services (Describe):	\$

3. Describe your plan for delivering the highest possible quality of service at the most efficient cost.

- 1) As meal delivery costs can be one of the greatest expenses, the HRA provider will continue to recruit volunteers to deliver meals. St. John's Community Service is delivering meals to six (6) of our nine (9) counties: Benton, Carroll, Henry, Lake, Obion, and Weakley.
- 2) We believe that our low income individuals will be much healthier if they go to the congregate site for a meal because many of them do not have sufficient funds to buy healthier foods. While at the congregate site, they can be educated on how to eat healthier to improve their overall health.

4. Describe your plan for avoiding funding shortfalls in congregate nutrition and what steps you would take if you are unable to avoid congregate funding shortfalls.

We are currently experiencing an increase in our congregate meals sites, which in turn, has resulted in more seniors wishing to partake in our congregate meal program. We have assessed the needs in the Senior Centers and have increased the level of funding to keep up with the demand for congregate meals at our sites. At this time, a reservation system, a signup sheet, is posted at the beginning of the week and participants are urged to sign up on the days they wish to participate in the congregate meal. At this time, we are currently able to order enough meals to accommodate the estimated number of participants for the congregate meals, with the signup sheet helping to estimate the number of meals to order. Senior Centers are also hosting monthly or weekly potlucks and postings of the option to contribute to the congregate meal sites are visible for all participants. Monies collected from the contributions are used to add additional congregate meals as needed.

5. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2019.

The NWTNAAAD mailed surveys to 248 home delivered meal consumers and distributed surveys to 470 congregate meal participants who received meals from July – December 2018. The NWTNAAAD received 33% of the home delivered meals surveys and 29% of

congregate meals. The NWTNAAAD prepared the Evaluation Results Report and shared it with the provider.

6. Describe how your agency and its providers target congregate nutrition services to reach the greatest social and economic need (low income, rural, minority, language barriers). As you compare your current reach to these populations, do you plan to change any congregate site locations in order to better serve them?

Each of our 16 nutrition sites will outreach three (3) to five (5) people per month and report names to the NWTNAAAD. The goal is to reach the “yet to be reached” giving special attention to low income, rural, minority, and those in our area with language barriers.

We outreach in the community by making phone calls from each nutrition site, distributing brochures that tell about the nutrition program in each county and sending written invitations to attend the congregate sites. Living in a small rural area gives our local staff an advantage in personally contacting our churches, city halls, home health agencies, hospitals, doctors, and housing projects to target minority, low income, and those that may have a language barrier. Word of mouth is one our best outreach services. We have trained our seniors to help the staff know of the low income, minority, and those in rural areas needing congregate meal services. The seniors will tell the staff so that the staff can make personal contact with prospective low income, rural, minority, and those with language barriers.

All nutrition sites are conveniently located for the low income, rural, and minority populations to be able to attend.

7. Describe your plan to ensure that services will not be disrupted in an emergency situation.
 - 1) The nutrition program will deliver three (3) weather related meals to our consumers receiving hot meals with the possibility of more being ordered if there is a need.
 - 2) A written message will accompany each meal explaining that the meals are to be used for inclement weather and/or emergencies.
 - 3) Instructions are given to the client that food safety is an important factor during an emergency situation whether it is flood, fire, national disaster, or the loss of power.
 - 4) In the case of an emergency, the Options Counselors, I&A, AAAD Director, and/or provider will make every effort to contact consumers and/or consumer’s emergency contact. In the event they cannot be reached, contact will be made to the Police, Sheriff, or Emergency Management.

Guardianship:

1. Describe the agency’s plan to continue efforts to build relationships with district probate Judges/Chancellors to ensure appropriate cases are referred to the PG Program.

The Public Guardianship Program plans to build relationships with District Probate Judges/Chancellors and to continue the positive relationship with the ones we currently have clients with. In addition, the District Guardianship staff will communicate with all Clerk & Masters by sending correspondences with the Guardianship brochures, letting the courts know about our programs, requirements and who to contact. We have also been in contact by phone with each of our Clerk & Masters explaining our program and how we can help the residents of their counties.

The Public Guardianship Program also has a relationship with West Tennessee Legal Services as a referral agency for the seniors in need of Guardianship or Power of Attorney. We are working closely with the Attorney that they have that works specifically with the elderly.

2. Describe the agency's plan to maintain or increase the number of volunteers.

The Public Guardianship Program plans to utilize the Volunteer Coordinator and Support Clerk to maintain and increase our numbers of volunteers for the Volunteer Program by attending health fairs, symposium and other types of public forums to get volunteers. We keep in contact with the Department of Social Work through the University of TN at Martin on a semester basis for volunteers. We also stay in contact with our local Senior Centers for volunteers.

National Family Caregiver Support Program (NFCSP) – Title III-E

1. Prioritize the 5 top caregiver needs in your area and describe how the NFCSP will respond to those needs.
 - 1) Relief from some of the care giving duties.
 - a. The NFCSP will provide respite services for a maximum of eight hours per week to relieve the caregiver of some of the care giving responsibilities.
 - 2) Socialization
 - a. By providing the respite service, the NFCSP allows the caregiver to get out of the house and socialize. It also provides someone for the care recipient to interact with, other than the caregiver. A list of current support groups is maintained by the NFCSP Options Counselor for each county to provide service as needed.
 - 3) Dependability of their in-home workers.
 - a. The NFCSP will conduct quarterly quality assurance calls to make sure services are going well and no other services are needed. Also, QA is conducted monthly by invoice day sheet inspection and offering a choice of provider if problems occur.
 - 4) Transporting their loved one to doctor appointments.

- a. The NFCSP partners with the NWTNHRA transportation to provide transportation at a minimal fee.
- 5) Meals
 - a. The NFCSP program can provide home delivered meals to the Caregiver and/or care recipient.
2. Describe innovative concepts that you plan to implement to address the top caregiver needs with limited financial resources.
 - A. One innovative way the NWTNAAAD has chosen to meet the many needs of its clients it to utilize the emergency funds generated by the annual Miles for Meals fund raiser. These resources can be used for unconventional goods and services.
 - B. Another way that some of the caregivers in our district can receive help with some of their needs is through the national REST program. This program trains volunteer caregivers and pairs them with families to provide services at no cost to the program.

Legal Assistance

1. What legal priority case is the most served in the area? Legal priorities are defined as Income, Healthcare/Long term care, Nutrition, Protective Services, Housing, Utilities, Guardianship Defense, Abuse/Neglect and Age Discrimination.

Protective Services.

2. Does the legal priority with the greatest number of cases represent the greatest need or is there another legal priority with fewer cases that should to be addressed through education efforts?

Healthcare/long term care is an important issue for West Tennesseans. An attorney for the West Tennessee Legal Services has done several QITs and CHOICES appeals in the Northwest service areas and is currently working to increase the West TN Legal Services' presence in the area. Special focus on assisting Public Guardian clients with healthcare/long term care issues, as the Public Guardian clients are usually the most vulnerable because individuals who are with the Public Guardian program have no family and no other option, is important.

3. What economically or socially needy population, defined as Clients in Poverty, Minority in Poverty, Rural and, Frail/Disabled, represent less than 50 percent of those served through legal assistance. What targeting and outreach efforts can be done to increase those numbers served?

Minority in poverty represent less than 50%. Targeting and outreach through Senior Centers.

4. How will the AAAD and legal provider increase service to those identified economically or socially needy populations? How will the AAAD and legal provider address the identified legal priority needs in the PSA?
 - 1) Continuing to explore additional funding opportunities to increase services for seniors. For example, West TN Legal Services obtained funding from Equal Justice Works to hire an attorney to assist senior victims of abuse.
 - 2) West TN Legal Services has created an online application so that persons needing legal help can apply online. The online application is intended to make West TN Legal Services more accessible in rural areas. West TN Legal Services has trained the Northwest staff and senior center staff on how to use the system. This training was done in hopes of if a senior center director had a senior attendee who needed legal help, they director can help the senior apply online or at least get the senior to a computer where the senior could complete the online application.
 - 3) West TN Legal Services has updated their website to be more senior friendly. This summer, West TN Legal Services has launched a senior specific area on the site that will contain senior information about resources (i.e. senior housing info, info about reverse mortgages, info about TennCare/Medicaid and paying for nursing home care, POAs and advance directives, elder abuse, etc.).

Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Benton County OOA	123	16	2	123	
Carroll County OOA	229	29	21	229	
Crockett County OOA	389	70	69	389	
Dyer County OOA	117	50	32	117	
Gibson County OOA	200	29	19	200	
Humboldt Senior Center	186	60	132	186	
Milan Senior Center	273	57	58	273	
Henry County OOA	149	38	29	149	
Lake County OOA	61	39	19	61	
Ridgely Senior Center	58	13	6	38	
Obion County OOA	176	17	10	176	
Weakley County OOA	171	16	2	171	
Gateway Senior Center	172	28	16	167	
Sharon Senior Center	70	4	3	70	

2. Describe your agency's approach to working with those senior centers that need to improve their reach to the target populations.

The NWTNAAAAD will continue to work with our senior centers to help them to reach their target populations. One of the ways the NWTNAAAAD will help the senior centers is being

available at all times to offer any assistance requested from the senior centers. The NWTNAAAD will confirm that at least two low-income, minority activities have been completed each fiscal year at the senior center by annual monitoring.

Emergency Preparedness

1. Name of Staff Person on the local emergency management team Julie Jones
2. How is the agency's emergency plan communicated to staff?

The NWTNAAAD has continuously updated the Staff Phone Tree that is given out to employees annually or if any changes are made. There is also the NWTNAAAD Emergency/Disaster Procedures that is handed out to employee annually or as updated.

SHIP

1. Complete the following table:

	FY 18	FY19 – Projected	FY20 - Projected
# Client Contacts	4,193	4,318	4,447
# of Consumers Reached Through Outreach Events	3,812	3,926	4,043
# of Client Contacts Under Age 65	1,088	1,120	1,153
# of Hard to Reach Client Contacts	2,011	2,071	2,133
# Of Enrollment Contacts	571	588	605
# of Low Income/Medicare Savings Enrollment Assistance Contacts	517	532	547

2. Describe your efforts to increase the number in each column in the table above.
 - 1) We will increase our Client Contacts by using Public & Media, public speaking events, attending health fairs in the district, and Interagency meetings. We will also seek partnerships with Senior Centers and community resources that work with seniors and those with disabilities.
 - 2) We will increase our Outreach Events by using Public & Media, public speaking events, attending health fairs in the district and Interagency meetings. We will also seek partnerships with senior centers and community resources that work with seniors and

those with disabilities. We will purchase materials for health fairs, speaking engagements, and other presentations.

- 3) We will increase our Part D enrollments by covering all counties in our service area, increasing events and increasing our volunteer staff.
 - 4) We will increase our volunteers by working with employment agencies to locate volunteers in each area in the district. We will work with colleges and universities to utilize student volunteer and interns. We will have volunteer recognitions and trainings on a regular basis. We will use gift card stipends for true volunteers and MOU stipends for those that partner with us through MOUs.
 - 5) We will increase counseling hours by interacting with the volunteers on a regular basis by phone, personal visits and emails, also by having volunteer recognition yearly. We will be having a variety of interactive sessions.
 - 6) We will include disabled contacts by partnering with TARP, Carey Counseling and other entities that serve this community.
3. Describe your agency's approach to reaching Medicare beneficiaries who are hard to reach due to ethnicity; limited English proficiency; those with disabilities and those eligible for low income subsidies.

We will be working toward partnering with neighborhood programs for LOW INCOME, also with Meals on Wheels and Senior Centers. We will also have language services available when needed. We will be sending out mailing list for AEP. We also will be partnering with DHS, SS and other community programs.

Targeting Status Report

Report on activities during the preceding year.
(This information is used for the Title VI Plan)

Provide information on the extent to which the Area Agency met its Targeting objectives related to rural, minority, ESL, and poverty populations **for all programs** in the 2019 - 2022 Area Plan.

2019* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Increase mail out, information in local newspapers and create and maintain Facebook and website accounts	The Northwest AAAD and Senior Centers in our area have maintained and distributed brochures, newsletters, monthly calendars and have Facebook and web pages that provide information on services and programs available.
Participate in health fairs and senior expos throughout the Northwest district.	The SHIP program, MYRIDE program and SNAP program have participated in numerous health fairs and senior expos distributing information on all programs offered through the AAAD throughout our 9 counties.
Increase the Northwest AAAD's presence in churches and public housing complexes.	Brochures have been distributed to churches and public housing complexes throughout our district making them aware of the different programs and activities we have available through the AAAD.
Contact churches, public housing complexes and Senior Centers to host presentations from the Northwest AAAD.	The SHIP, SMP and SNAP coordinators have worked together to make presentations to public housing complexes and other interested parties.
Reach out to doctor's offices, pharmacies, and local food pantries to provide information regarding our services.	Visits, discussion and leaving brochures have been made to local doctor's offices, pharmacies and local food pantries in our area to make them aware of the our programs and services.

* Last complete 12-month period.

Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities

Area Agency Title VI Implementation Plan FY 2020

1. Organization of the Civil Rights Office – Describe the organization and staffing of your agency's Civil Rights/Title VI unit. Outline the duties and responsibilities of the Title VI Coordinator.

The Northwest AAAD is part of the Northwest Tennessee Development District/Human Resource Agency's Title VI district committee. The committee consists of a Title VI coordinator for the district and eight members who meet two times a year. There is a member from every department represented on the committee, with Julie Jones, the Program Coordinator for the AAAD, serving on the committee. The AAAD Title VI coordinator job duties include monitoring all service providers and senior centers to ensure that the appropriate trainings, policies, postings and signage are in compliance with Title VI. The AAAD Title VI coordinator also ensures that all senior centers are holding activities that target the rural, poor and minority populations in our nine counties. The Title VI coordinator also works with the Human Resource/Development District human resources' manager to help schedule and assist in holding Title VI training for all AAAD employees. Any special meetings or complaints are attended to and handled by the Title VI coordinator when they pertain to an Area Agency on Aging and Disability issues.

2. Complete the following table:

	FY 18	FY 19 - Projected
Total Individuals Served	3,865	3,981
Total Minority Individuals Served	697	718

3. Describe the manner in which persons with limited English proficiency are served by the agency.

The Northwest AAAD currently contracts with the Avaza Language Services Corporation for help with any persons with limited English proficiency.

4. Complaint Procedures

Any complaint against any program operating under the Northwest Tennessee Development District of the Northwest Tennessee Human Resource Agency must be submitted to the Title

VI Program Coordinator no later than thirty calendar days after the alleged incident. The Title VI Program Coordinator will immediately (no later than the next business day) forward a copy to the District Title VI Agency Coordinator, who will review and investigate the initial written complaint with the following team: Title VI Program Coordinator, Program Director, Office Manager, and the Executive Director. All relevant aspects of the complaint will be investigated. The complainant will have an opportunity to give a rebuttal statement at the end of the investigatory process. Appropriate action will be done in a timely manner. After the investigation is completed, a final report will be kept in the program file as well as in the Agency manual along with a log of all complaints and appeals for three years. The final report will include the written complaint containing the allegation, basis, date of the filing, a summarized statement taken from the witness, finding of all the facts, the opinion (based on all evidence in the record) that the incident is substantiated or unsubstantiated, and remedial action(s) for substantiated cases. If corrective action(s) has not taken place within thirty days from the final report, a referral will be made to the Legal Office for enforcement action. The complainant has the right to appeal all written reports in writing to the agency Title VI committee within fifteen days of receipt of the Program's final report.

There have been no Title VI complaints filed in the last year with the Northwest Tennessee Area Agency on Aging and Disability.

5. List the total number of all contractors and provide the number and percentage of minority contractors, and the dollar amount and percentage expended with minority contractors.

	FY 2018
Total # of all Contractors	19
Total # of Minority Contractors	1
Dollar amount expended on all Contractors	\$1,397,167
Dollar amount expended to Minority Contractors	\$23,290
Percentage of expenditures with Minority Contractors	1.67%

6. Title VI requires agencies and sub-recipients to monitor contractors regarding the dissemination of the following information to the public: non-discriminatory policy, programs and services, complaint procedures, and minority participation on planning boards and advisory bodies. Describe the procedures taken to assure that this information is presented.

During annual Quality Assurance monitoring, the Quality Assurance Coordinator checks with each provider that the Northwest AAAD contracts with to provide services to ensure that annual Title VI training has been completed by all current employees. It is also during this visit that the contractor is monitored to ensure that they have a non-discriminatory policy, programs and services, complaint procedures, and minority participating on planning and advisory bodies are in place and are being followed. Postings for Title VI notices and contact information are also checked to ensure all Title VI requirements are being met.

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.
 - a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?
 - Information on different programs and services provided through our I&A staff and Options Counselors.
 - By participating in health fairs and presentations throughout the Northwest district distributing brochures and answering individual's questions.
 - Distributing brochures and flyers detailing all the different programs offered by the AAAD to senior centers, home delivered meal participants, commodities locations and different areas around the Northwest district.
 - Senior Centers providing free health screenings such as blood pressure checks, glaucoma, blood sugar checks, and foot clinics to help attract the minority populations to come into the senior centers.
 - Distribute food boxes to homebound needed older persons.
 - Outreach to low-income minorities in the Northwest district.
 - Mailings of Senior Center newsletters with activities and programs.
 - b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?
 - The Northwest PSA is comprised of 62,328 60+ persons with 5,929 being minorities or 9.5%.
 - The AAAD contracts with 1 minority service provider for OPTIONS, Family Caregiver and Title III.
 - The AAAD staff is composed of 1 minority and 23 non-minority staff. Two staff members are male.
 - There are 1,116 low income 65+ minority persons in the Northwest District. The AAAD served 597 or 53% of this population.
 - There are 793 older persons who speak English less than very well in the Northwest PSA. The AAAD will work with a translator service for these individuals.
 - The AAAD Advisory Council consists of 26 members. Three members are minority, one female and two males.
 - c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?

The Quality Assurance Coordinator reviews information and/or programs that were presented to our senior centers that focus on increasing the representation and/or

participation of minority populations. Also, all data is recorded in our SAMS database in order for the AAAD to have a record of how many minority consumers are being reached.

Older Americans Act Required Targeting Activities

Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; including specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and propose methods to achieve the objectives.

NOTE: Objectives and Tasks/Activities should cover Older Americans Act programs and may cover **all statewide programs** such as Single Point of Entry Marketing or SHIP.

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Mail Outs, Newspapers, Websites and Facebook	Office on Aging/Senior Centers and the AAAD will distribute brochures, newsletters, calendars and brochures for information on services and programs.	Program Specialist, MYRIDE Coordinator, SNAP Coordinator SHIP Coordinator
Participate in health fairs and senior expos	Booths will be set up with brochures and information about various programs.	Program Specialist, SHIP Coordinator, SNAP Coordinator
Churches, public housing	Individuals will be contacted on activities at each senior center.	Program Specialist, SHIP Coordinator, MYRIDE Coordinator
Churches, public housing, and Senior Centers	Presentations of SHIP, SMP, SNAP and MYRIDE will be provided.	SHIP Coordinator, SNAP Coordinator, MYRIDE Coordinator
Doctor's offices and pharmacies	SHIP, HCBS, SNAP and MYRIDE brochures will be provided.	Program Specialist, SHIP Coordinator, SNAP Coordinator, MYRIDE Coordinator

AAAD STAFFING

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source.

Attached

2. List all new hires not included in the FY 2019 - 2022 Area Plan. Include the following information:
3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?

John A. Bucy

4. The total number of staff at the AAAD is: 24. Of the total number of AAAD staff the following are:
 - Age 60+: 8
 - Female: 22
 - Minority: 1
 - Disabled: 0

Training and Staff Development Plan

FY2020 (to be up-dated annually)

**Indicate if training is out-of-state in order to obtain pre-approval status. No additional TCAD approval will be required if listed here.*

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
SE4A	9			September 2019
WellSky Users Conference	1			August 2019
Guardianship Annual Conference	2			October 2019
AIRS Conference	1			May 2020
Emergency Preparedness	19	25		September 2019
Guardianship Annual Training	2			April 2020
Conservatorship Annual State Training	2			April 2020
SHIP-CMS Annual Training	2			September 2019
SHIP & SMP Coordinator Training	2			April 2020
SHIP Volunteer Conference	1			October 2019
SHIP Northwest District Volunteer Training	2			August 2019 and April 2020
National Guardianship Conference	2			October 2019

Advisory Council

A. MEMBERSHIP and REPRESENTATION

Composition of Council: Choose among the following options to specify which category each Advisory Council member represents on the table below.

- a. Age 60+ (50% Older persons)
- b. Minority age 60+
- c. Minority age <60
- d. Resides in a Rural Area
- e. Family Caregiver
- f. Advocate for Older Persons
- g. Service Provider for Older Persons
- h. Advocate for Individuals with Disabilities
- i. Service Provider for Individuals with Disabilities
- j. Business Community
- k. Local Elected Official
- l. Provider of Veterans' Health Care
- m. General Public (County Representative)
- n. Has a Disability

Members	Represents
Dayna Ferguson	A,K,D
Nancy Melton	A,D
Clarence Norman	B,F,D
Janice Tippitt	A,D,F,H
Carolyn Lutz	A,D
Wilma Pearson	B,D,J
Joe Camp	A,D,M
Maureen Meeks	A,D,M
June Jones	A,D,M
Jimmy Cook	D,M
Jerry Edmundson	A,D,F,M
Evelyn McCartney	A,D
Virginia Williams	A,D
Betty Spence	A,D
Lloyd Currin	C,D
Chuck Ashley	A,D
James Mobbs	A,D
Norma Mobbs	A,D
Larry Brousseau	A,D,M
Carey Capps	D,G,I,J

Janice Stigall	A,D,F,H
Winnie Moore	A,D
Sandra Hill	A,D
Erica Miller Moore	D,J
Ann Marie Norrid	D, J
Treva Kelleher	D,J

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY2019
(Up-dated annually)**

Give Dates and Times of Scheduled Meetings

March 11, 2019

June 11, 2019

September 10, 2019

December 10, 2019

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Jerry Edmundson	Chairperson	March 2020
Wilma Pearson	Vice-Chairperson	March 2020
AAAD Staff Person	Secretary	March 2020

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

There have been no changes made to the Bylaws since last Area Plan.

Advisory Council Participation in the Area Plan Process

Describe how the Area Agency Advisory Council was involved in the development of the area plan.

1. Date(s) when the Area Plan was reviewed by the Advisory Council.

March 12, 2019

2. Attach an agenda of the Area Plan review meeting or describe the review process.

Agenda Attached

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.

Name	County
Wilma Pearson	Carroll
Clarence Norman	Carroll
Joe Camp	Crockett
Maureen Meeks	Crockett
Jerry Edmundson	Dyer
Sandra Hill	Gibson
Treva Kelleher	Henry
Larry Brousseau	Obion
James Mobbs	Obion
Norma Mobbs	Obion
Ann Marie Norrid	Weakley

4. Provide a summary of comments made by advisory council members about the completed plan.

There were no comments made from the Advisory Council regarding the Northwest Area Plan.

5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.

None

NORTHWEST TENNESSEE AREA AGENCY ON AGING & DISABILITY

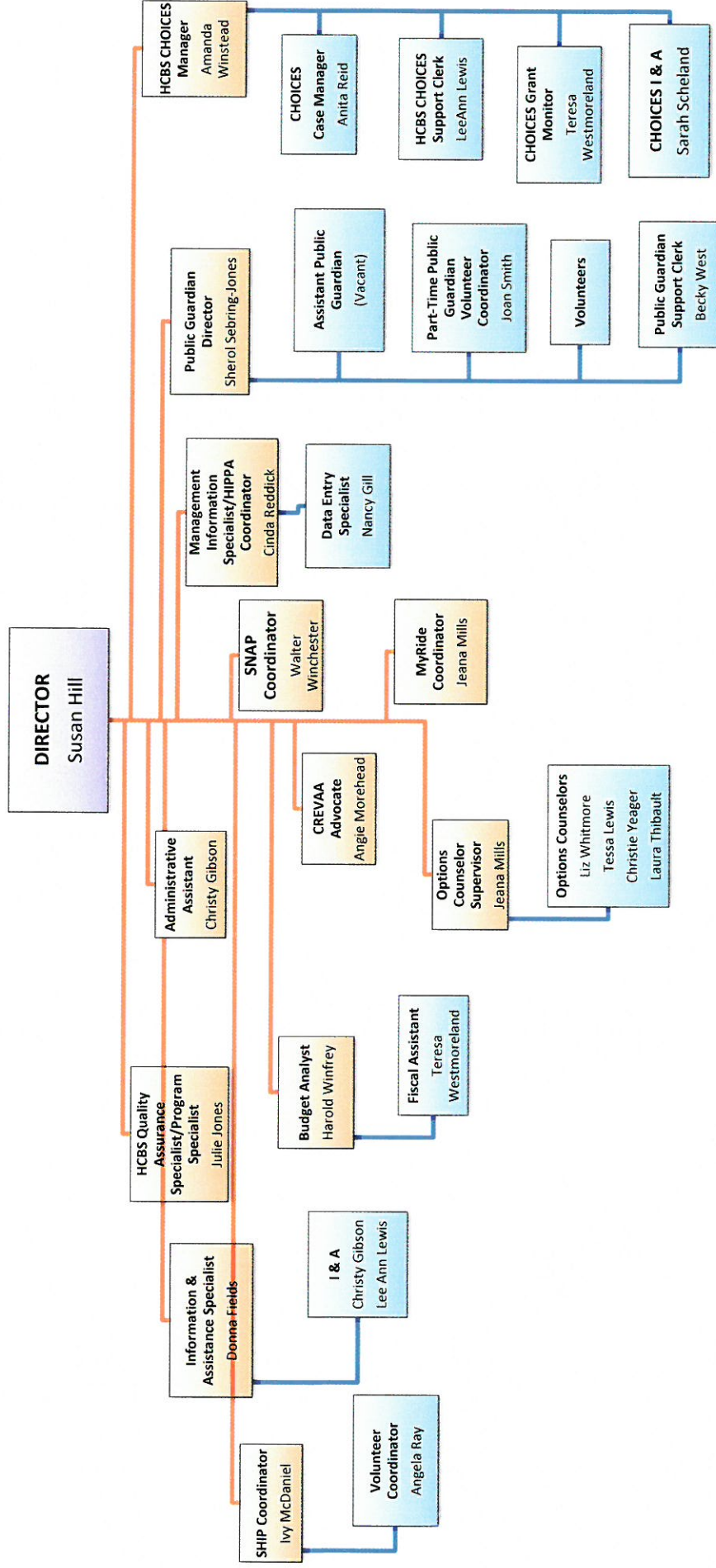
ADVISORY COUNCIL

FY 2018-2019 QUARTERLY MEETING

AGENDA

- DATE: March 12, 2019
- TIME: 9:30 a.m.
- PLACE: Northwest TN Development District
Conference Room
124 Weldon Dr., Martin, TN
- CALL TO ORDER: Jerry Edmundson, Chairman
- ROLL CALL: Walter Winchester
- I. Old Business
- II. New Business
- III. Guest Speaker Walter Winchester, SNAP
Coordinator
- IV. Area Plan Update Susan Hill
- V. By-Laws Review
- VI. Aging Updates Susan Hill
- VII. Closing Remarks

Northwest Tennessee Area Agency on Aging & Disability Organizational Chart



ADDITIONAL DOCUMENTS (*Attached*)

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
E-1	Assurances
F-1	Budget Area Plan Update
F-2	Personnel Area Plan Update
G-1	List of Subcontracting Agencies
G-2	List of Nutrition Sites